Developmental Disabilities Grant Proposal Coversheet



Project Title:						
Overall Goal:						
Applicant Name:						
Type of Organization: State age	•	Public Agency FIN ID#:				
(check or X) For-Profit	☐ Non-Pr	ofit U				
Address:						
City, State, Zip:		Telephone:				
Web Address (URL):	Fax:					
Project Coordinator:		Telephone:				
Title:	Email:					
Financial Officer:	Telephone:					
Title:	Email:					
Type of Disabilities that the Proje	ect Addresses:					
Location/s that this Project Serve	s:					
Is the location served a Federally	Designated Pov	erty Area? Yes 🗌 No 🗌				
Proposed Term of Project: Star	ting Date:	Completion Date:				
Project Products/Deliverables:						
TOTAL DD FUNDS REQUESTED:						
TOTAL MATCH (CASH/IN-KIND):						
TERMS AND CONDITIONS If the proposed Developmental Disabilities Grant is funded, the applicant will		rized Signature:				
implement the project consistent with the information contained in this proposal and	Title:					
according to terms specified with the Project Assurances (Section III, A).	Date:					
	Signature:					

Developmental Disabilities Grant Program Project Budget Forms



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A. Personnel

Position	Annual Salary	% Time on Project	Amount Requested From DD	M. Cash	atch In-kind	Non- Matching Funds	Totals
		Project	רוטווו טט	Casii	III-KIIIU	Fullus	
					-		
					-		
Fringe Bei	nefits for Person	nel					
	Totals						

B. Volunteer Costs and Consultants

Type of Expense	Rate/ Unit of Pay	Amount Requested	Ма	tch	Non-Matching Funds	Totals
	-	From DD	Cash	In-kind		
Totals						

C. Travel

Type	Rate/ Unit of Rmbrsmnt.	Amount Requested	Ма	tch	Non-Matching Funds	Totals
,		From DD	Cash	In-kind		
Staff Travel						
Consultant/Vol. Travel						
Client Travel						
Totals						

D. Rental Space or Equipment for Project

Nature o	of Expense	Amount Requested	Mat	:ch	Non-Matching	Totals
	•	From DD	Cash	In-kind	Funds	
Equipme	ent Rental					
Space	Rental					
To	otals					

E. Consumable Supplies, Materials, and Publications

Nature of Expense	Amount Requested	Mat	tch	Non-Matching	Totals
·	From DD	Cash	In-kind	Funds	
Totals					

F. Other Costs

Nature of Expense	Amount Requested	Ma	ntch	Non-Matching	Totals
	From DD	Cash	In-kind	Funds	
Totals					

G. Total Budget

	Amount Requested	Ma	itch	Non-Matching	Totals
	From DD	Cash	In-kind	Funds	
Total Amount of Funds					
		Total Match:			
Percentage Ratio of DD to Match					
Funds (Not including Non-Match)	%		%		

I.

J.

H. <u>Identification of Matching Non-Federal Funding Sources</u>

1. Identify STATE Funding Sources (Specify Cash or In-kind):	Amount
A.	\$
В.	\$
C.	\$
Subtotal (State Matching)	\$
2. Identify LOCAL Public and Private Funding Sources (Specify Cash or In-kind):	Amount
A.	\$
В.	\$
C.	\$
Subtotals (Local Matching)	\$
3. TOTAL MATCHING NON-FEDERAL FUNDING:	\$ (Subtotals of 1+2)
Identification of Other Funds in Project (Not Matching DD Grant	t Eundo)
Identification of Other Funds in Project (Not Matching DD Grand	<u>t Fullus)</u>
1. Identify OTHER Funding in Project (Specify Cash or In-kind):	Amount
4.	\$
В.	\$
C.	\$
D.	\$
2. TOTAL OTHER FUNDS NOT MATCHING DD	\$
Identification of Future Funding Sources	
1 Identify FUNDING COURCE(C) Anticipated to Continue Dragger Following Cus	ant:
 Identify FUNDING SOURCE(S) Anticipated to Continue Program Following Gra 	
Α.	
A. B.	
A. B.	
A. B.	Year
A. B. C.	